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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*None M.S.*\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None M.S.*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 04/30/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after allowance Examiner's Signature <i>Maura Strandquist, M.S.</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
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## TITLE

Method for calculating memory requirements for thin client sizing tool

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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